

Qualitative Case Review

Northern Region

Fiscal Year 2004

Preliminary Results

Office of Services Review

May 2004

Executive Summary

- 24 cases were reviewed for the Northern Region Qualitative Case Review conducted in May 2004.
- **For the second year in a row, the overall Child Status score was 100%, with all cases reaching an acceptable level. This exceeds the exit requirement of 85%.**
- Safety, Health/Physical Well-being, and Caregiver Functioning also reached 100%. There were solid increases in three Child Status indicators: Prospects for Permanence increased from 41.7% to 66.7%, Family Resourcefulness increased from 43.8% to 56.3% and Satisfaction increased from 75% to 91.7%. The other Child Status indicators remained at or near last year's levels.
- **The overall score for System Performance increased from 58.3% to 79.2%. This does not meet the exit requirement of 85%, but it a substantial improvement from last year.**
- A majority of the System Performance indicators improved since last year. Those that improved did so substantially, while those that declined did so only slightly. Child and Family Participation increased from 50% to 87.5%, Child and Family Team Coordination increased from 41.7% to 66.7%, and Long Term View more than doubled from 25% to 58.3%! There were also double-digit increases in Child and Family Planning Process (45.8% to 62.5%) and Successful Transitions (from 62.5% to 72.7%).
- There was a minor difference in the results when comparing foster care cases with home-based cases.
- As with last year, half or more of the workers had large caseloads (17 or more cases). There also appeared to be more turnover, since there were no workers last year with less than a year's experience, whereas this year there were four new workers.
- The analysis of individual indicator scores shows overall improvement in both the Child Status and System Performance indicators.

Methodology

The Qualitative Case Review was held the week of May 3-7, 2004. Twenty-four open DCFS cases in the Northern Region were selected and scored. The cases were reviewed by certified reviewers from the Child Welfare Policy and Practice Group (CWPPG), the Office of Services Review (OSR), and the Division of Child and Family Services (DCFS), as well as first time reviewers from DCFS and outside stakeholders. The cases were selected by CWPPG based on a sampling matrix assuring that a representative group of children were reviewed. The sample included children in out-of-home care and families receiving home-based services, such as voluntary and protective supervision and intensive family preservation. Cases were selected to include offices throughout the region.

The information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents or other guardians, foster parents (when placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. In addition the child's file, including prior CPS investigations and other available records, was reviewed.

Performance Tables

Preliminary data

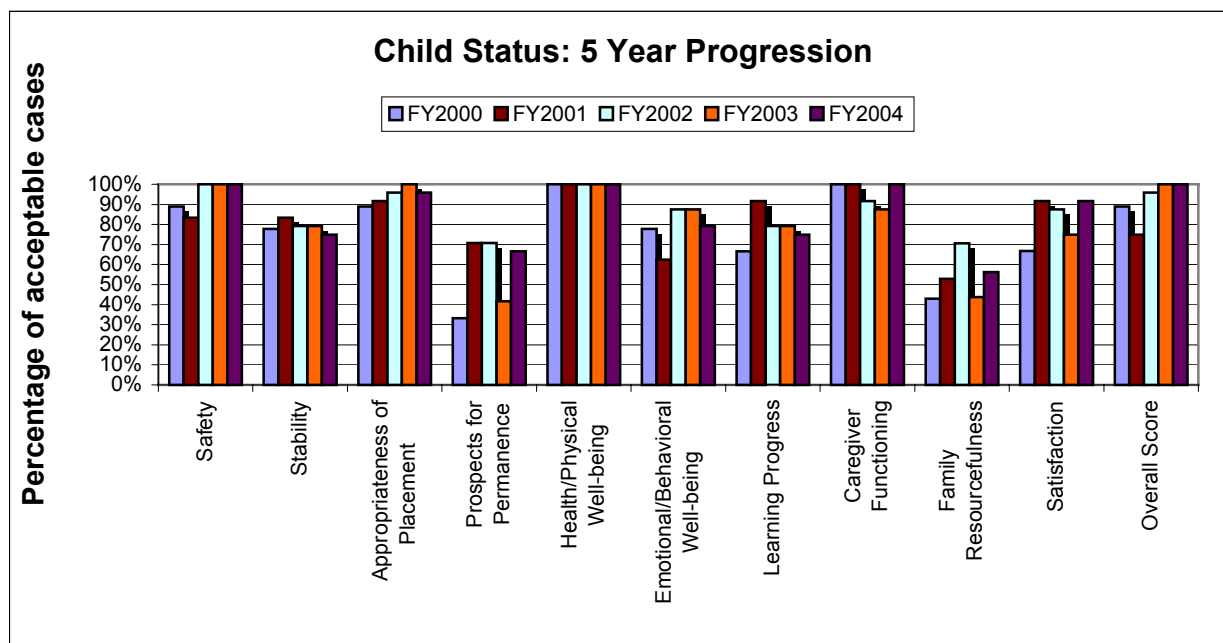
The results in the following tables are based on the scores provided to OSR by reviewers. They contain the scores of 24 cases. These results are preliminary only and are subject to change.

Northern Child Status									
		# of cases			FY00	FY01	FY02	FY03	FY04
	# of cases	Needing			Baseline				Current
	Acceptable	Improvement	Exit Criteria 85% on overall score		Scores				Scores
Safety	24	0	100.0%		88.9%	83.3%	100.0%	100.0%	100.0%
Stability	18	6	75.0%		77.8%	83.3%	79.2%	79.2%	75.0%
Appropriateness of Placement	23	1	95.8%		88.9%	91.7%	95.8%	100.0%	95.8%
Prospects for Permanence	16	8	66.7%		33.3%	70.8%	70.8%	41.7%	66.7%
Health/Physical Well-being	24	0	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%
Emotional/Behavioral Well-being	19	5	79.2%		77.8%	62.5%	87.5%	87.5%	79.2%
Learning Progress	18	6	75.0%		66.7%	91.7%	79.2%	79.2%	75.0%
Caregiver Functioning	12	0	100.0%		100.0%	100.0%	91.7%	87.5%	100.0%
Family Resourcefulness	9	7	56.3%		42.9%	52.9%	70.6%	43.8%	56.3%
Satisfaction	22	2	91.7%		66.7%	91.7%	87.5%	75.0%	91.7%
Overall Score	24	0	100.0%		88.9%	75.0%	95.8%	100.0%	100.0%

1)

- 1) This score reflects the percent of cases that had an overall acceptable Child Status score. It is not an average of FY04 current scores.

Note: these scores are preliminary and subject to change



Statistical Analysis of Child Status Results:

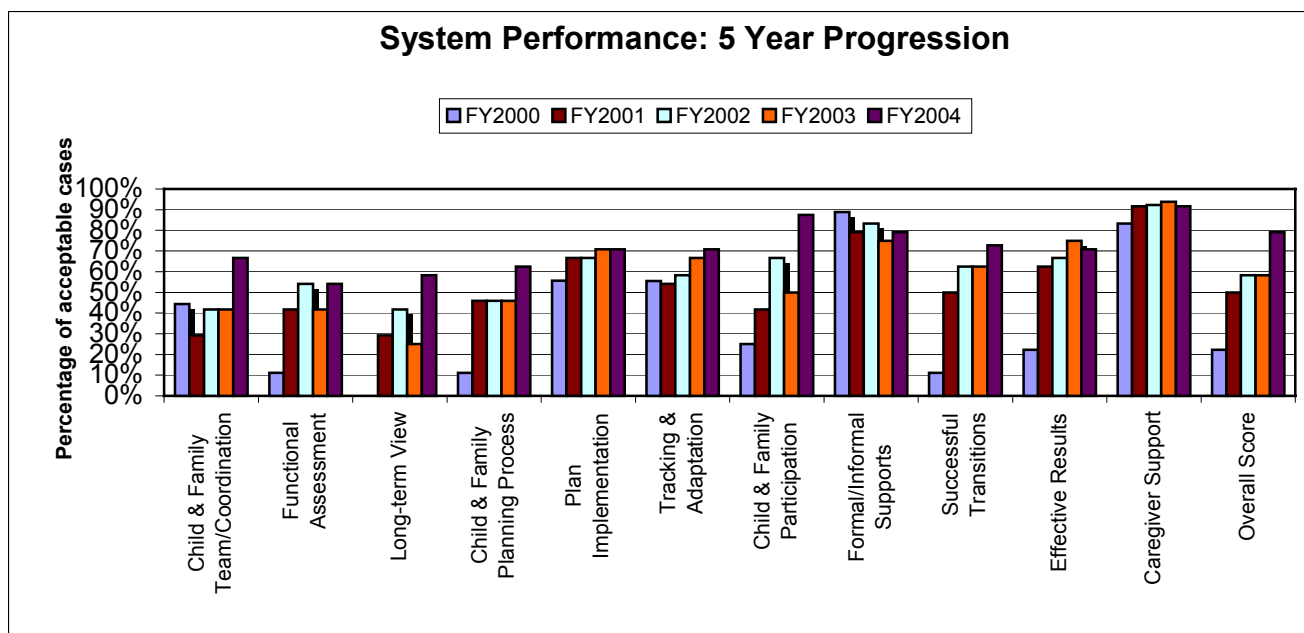
For the second year in a row the overall Child Status score was 100%, with all cases reaching an acceptable level. This exceeds the exit requirement of 85%. Northern Region has maintained exceptionally high scores on Child Status for the past three years.

Safety also was acceptable on all cases (100%) for the third year in a row; no safety concerns were reported on any of the cases reviewed. Health/Physical Well-being and Caregiver Functioning also scored 100%.

The greatest improvement on a Child Status indicator was the increase in Prospects for Permanence from 41.7% to 66.7%. Significant increases were also seen in Family Resourcefulness (43.8% to 56.3%) and in Satisfaction (75% to 91.7%). Appropriateness of Placement, Stability, and Learning Progress each decreased by 4.2 percentage points, meaning there was one less case that scored acceptable this year than last year.

Northern System Performance											
		# of cases				FY00	FY01	FY02	FY03	FY04	
	# of cases	Needing	Exit Criteria 70% on Shaded indicators		Baseline					Current	
	Acceptable	Improvement	Exit Criteria 85% on overall score		Scores					Scores	
Child & Family Team/Coordination	16	8	66.7%		44.4%	29.2%	41.7%	41.7%	41.7%	66.7%	
Functional Assessment	13	11	54.2%		11.1%	41.7%	54.2%	41.7%	41.7%	54.2%	
Long-term View	14	10	58.3%		0.0%	29.2%	41.7%	25.0%	25.0%	58.3%	
Child & Family Planning Process	15	9	62.5%		11.1%	45.8%	45.8%	45.8%	45.8%	62.5%	
Plan Implementation	17	7	70.8%		55.6%	66.7%	66.7%	70.8%	70.8%	70.8%	
Tracking & Adaptation	17	7	70.8%		55.6%	54.2%	58.3%	66.7%	70.8%	70.8%	
Child & Family Participation	21	3	87.5%		25.0%	41.7%	66.7%	50.0%	50.0%	87.5%	
Formal/Informal Supports	19	5	79.2%		88.9%	79.2%	83.3%	75.0%	75.0%	79.2%	
Successful Transitions	16	6	72.7%		11.1%	50.0%	62.5%	62.5%	62.5%	72.7%	
Effective Results	17	7	70.8%		22.2%	62.5%	66.7%	75.0%	75.0%	70.8%	
Caregiver Support	11	1	91.7%		83.3%	91.7%	92.3%	93.8%	93.8%	91.7%	
Overall Score	19	5	79.2%		22.2%	50.0%	58.3%	58.3%	58.3%	79.2%	1)
				0% 20% 40% 60% 80% 100%							

1) This score reflects the percent of cases that had an overall acceptable System Performance score. It is not an average of FY04 current scores.



Note: these scores are preliminary and subject to change

Statistical Analysis of System Performance Results:

After being at 58.3% for the past two years, the overall score for System Performance jumped to 79.2%!

There were large increases in some of the System Performance indicators. Child and Family Participation increased from 50% to 87.5%, Child and Family Team Coordination increased from 41.7% to 66.7%, and Long Term View more than doubled from 25% to 58.3%! There were also double-digit increases in Child and Family Planning Process (45.8% to 62.5%), Functional Assessment (from 41.7% to 54.2%) and Successful Transitions (from 62.5% to 72.7%). Formal/ Informal Supports rose from 75% to 79.2%. Tracking and Adaptation rose from 66.7% to 70.8% while Plan Implementation remained unchanged at this same level (70.8%).

Two core indicators exceeded the exit criteria of 70%. These were Plan Implementation and Tracking and Adaptation, both at 70.8%.

Additional Analysis:

The analysis of individual indicator scores shows overall improvement in both Child Status and System Performance indicators.

- Last year the total number of System Performance indicators that scored a 1 dropped from 15 to 8. This year that number dropped even lower; there was only one indicator that scored a 1.
- The total number of Child Status indicators that scored acceptably nudged up from 182 to 185.
- The total number of System Performance indicators that scored acceptably jumped from 148 last year to 176 this year.
- The number of System Performance indicators that scored a 4 rose from last year (up to 100 from 97), and there was a significant increase in the number of 5's (from 48 to 69) and in the number of 6's (from 3 to 7).

ANALYSIS OF DATA

RESULTS BY CASE TYPE AND PERMANENCY GOALS

There was a minor difference in the results when comparing foster care cases with home-based cases. Nine of the 11 foster care cases had acceptable overall System Performance (81.8%) while 10 of the 13 home-based cases were acceptable (76.9%).

Of the five cases that were not acceptable on System Performance, three were home-based cases. Two of these cases were PSS cases and the other was a PFP case.

Case Type	# in sample	# Acceptable System Performance	% Acceptable System Performance
Foster Care	11	9	81.8%
Home-based	13	10	76.9%

Six of nine cases with a goal of “Remain Home” had acceptable results. Cases where the efforts are directed at keeping children in the home appear to struggle on System Performance when compared to Adoption, Independent Living, and Return Home cases. They perform about the same as cases where the goal is Individualized Permanency.

Goal	# in sample	# Acceptable System Performance	% Acceptable System Performance	Average Overall System Perform. Score
Adoption	2	2	100%	4.5
Guardianship	1	1	100%	4.0
Independent Living	2	2	100%	4.5
Individualized Permanency	4	3	75%	3.8
Remain Home	9	6	66.7%	3.9
Return Home	6	5	83.3%	4.3

RESULTS BY AGE OF TARGET CHILD

The comparison of the results for cases with older and younger children shows a difference on the Overall System Performance scores. Whereas 85.7% of the cases with a young child (0 to 12 years) had acceptable System Performance, 70% of the cases with a teenager were acceptable. A closer look at the data for young children reveals that 83.3% of the children ages 0 to 5 had acceptable System Performance while children from ages 6 to 12 scored 87.5%. Inasmuch as every case scored acceptably on Child Status, there was no difference in status outcomes based on age.

	# of cases in sample	# of cases acceptable	% Acceptable
System Performance			
Cases with target child 0-12 years old	14	12	85.7%
Cases with target child 13+ years old	10	7	70%
Child Status			
Cases with target child 0-12 years old	14	14	100%
Cases with target child 13+ years old	10	10	100%

RESULTS BY CASEWORKER DEMOGRAPHICS

Although concerns about caseload size came up frequently in focus groups in the Northern Region, large caseloads did not have a negative impact on the review results. Caseworkers with large caseloads actually performed better on System Performance than those with manageable caseloads (72.7% versus 84.6%). Last year's report identified a concern due to half the workers having a large caseload. This situation has not improved, as this year's data shows more than half of the workers have large caseloads. Based on the data gathered from the QCR reviews held this year in all regions, it appears that Northern Region has the largest caseloads. The average caseload for each region was: Western-13 cases, Eastern-12 cases, Southwest-13 cases, Salt Lake -13.4 cases, and Northern-15.4 cases.

Caseload Size	# in sample	# Acceptable System Performance	% Acceptable System Performance
16 cases or less	11	8	72.7%
17 cases or more	13	11	84.6%

A look at the length of time the worker has been with the agency also shows a change. Last year there were no workers with less than one year of work experience. This year there were four workers reviewed who had less than a year of work experience. Interestingly, all four of the cases of the new workers passed System Performance while only 75% of the cases of experienced workers passed.

Length of Employment with the Division	# of cases in sample	# of cases acceptable	% Acceptable
System Performance			
# of workers with 1 year or less experience	4	4	100%
# of workers with 1+ years experience	20	15	75%

RESULTS BY OFFICES AND SUPERVISORS

The following table displays the overall case results by office and supervisor. All three cases from the Bountiful office, both cases from the Brigham City office, and the case from the Logan office all had acceptable System Performance results (100%). The Bountiful and Logan offices passed all of their cases last year, too. Eleven of thirteen Ogden cases passed System Performance (85%) this year. This is an increase from 46% of their cases passing last year.

On the other hand, only one of the three Clearfield cases passed System Performance last year (33%). The performance of the Clearfield office rose just slightly this year, with only two of five cases passing (40%). Clearly the performance of the Clearfield office must improve dramatically if the region is to pass overall System Performance next year.

None of the Northern Region supervisors had more than three cases reviewed. Acceptable results were achieved on all of the cases of DeAnn Mugleston, Mark Robertson, Craig Alder, Joe Leiker, Kevin Jackson, Nancy Dunn, Nancy Sloper, Stacy Gibson, and Stephanie Stuart. David Berryman had one case that was unacceptable. On the other hand, only one of Jennifer Calcut's three cases had an acceptable score on overall System Performance, and neither of Chuck Bergland's cases did.

Case#	Office	Supervisor	Child Status Overall Score	System Performance Overall Score	System Performance by Office	System Performance by Supervisor
04N04	Bountiful	DeAnn Mugleston	Acceptable	Acceptable	3 of 3 Acc. = 100%	DeAnn Mugleston 3 of 3 Acc. = 100%
04N06	Bountiful	DeAnn Mugleston	Acceptable	Acceptable		
04N19	Bountiful	DeAnn Mugleston	Acceptable	Acceptable		
04N11	Brigham City	Mark Robertson	Acceptable	Acceptable	2 of 2 Acc. = 100%	Mark Robertson 2 of 2 Acc. = 100%
04N24	Brigham City	Mark Robertson	Acceptable	Acceptable		
04N02	Clearfield	Chuck Berglund	Acceptable	Unacceptable	2 of 5 Acc. = 40%	Chuck Berglund 0 of 2 Acc. = 0%
04N12	Clearfield	Chuck Berglund	Acceptable	Unacceptable		David Berryman 2 of 3 Acc. = 67%
04N14	Clearfield	David Berryman	Acceptable	Acceptable		
04N21	Clearfield	David Berryman	Acceptable	Unacceptable		
04N23	Clearfield	David Berryman	Acceptable	Acceptable		
04N07	Logan	Craig Alder	Acceptable	Acceptable	1 of 1 Acc. = 100%	Craig Alder 1 of 1 Acc. = 100%
04N01	Ogden	Jennifer Calcut	Acceptable	Acceptable	11 of 13 Acc. = 85%	Jennifer Calcut 1 of 3 Acc. = 37%
04N05	Ogden	Jennifer Calcut	Acceptable	Unacceptable		Joe Leiker 1 of 1 Acc. = 100%
04N18	Ogden	Jennifer Calcut	Acceptable	Unacceptable		Kevin Jackson 2 of 2 Acc. = 100%
04N08	Ogden	Joe Leiker	Acceptable	Acceptable		Nancy Dunn 1 of 1 Acc. = 100%
04N13	Ogden	Kevin Jackson	Acceptable	Acceptable		Nancy Sloper 3 of 3 Acc. = 100%
04N16	Ogden	Kevin Jackson	Acceptable	Acceptable		Stacy Gibson 1 of 1 Acc. = 100%
04N10	Ogden	Nancy Dunn	Acceptable	Acceptable		Stephanie Stuart 2 of 2 Acc. = 100%
04N03	Ogden	Nancy Sloper	Acceptable	Acceptable		
04N15	Ogden	Nancy Sloper	Acceptable	Acceptable		
04N22	Ogden	Nancy Sloper	Acceptable	Acceptable		
04N09	Ogden	Stacy Gibson	Acceptable	Acceptable		
04N17	Ogden	Stephanie Stuart	Acceptable	Acceptable		
04N20	Ogden	Stephanie Stuart	Acceptable	Acceptable		

ANALYSIS OF STORY CONTENT

Scoring Analysis

An analysis of the scores on the five cases that had unacceptable System Performance revealed some deficiencies that were common to all or nearly all of these cases. There were unacceptable scores across most or all of the core indicators on all five cases. Of the five cases, four were unacceptable on Teaming, Planning Process, and Plan Implementation, and all five were unacceptable on Functional Assessment, Long Term View, and Tracking and Adaptation. Because these indicators reflect the Practice Model, the overwhelming number of unacceptable scores on these indicators indicates that the Practice Model has not been implemented in these cases.

Core Indicator	# Acceptable System Performance	% Acceptable System Performance	Average Overall System Perform. Score
Team Coordination	1	20%	3
Functional Assessment	0	0%	2.6
Long Term View	0	0%	2.4
Planning Process	1	20%	2.8
Plan Implementation	1	20%	3
Tracking and Adaptation	0	0%	2.8

Another interesting finding on these five cases was that none of the workers had less than 12 months experience. In fact, the average length of time with the Division for these five workers was nearly five years. On all 24 cases, workers who had been with the Division for less than four years had only one out of nine cases score unacceptable (11%). Workers who had been with the Division for more than four years had five out of fifteen cases score unacceptable (27%), meaning their cases were more than twice as likely to score unacceptably. This lends credibility to the perception that new workers are embracing the Practice Model while experienced workers are resistant to changing their former methods of practice.

Story Analysis

An analysis of the five Northern region cases that had unacceptable System Performance scores revealed some common themes in many of the core indicators. The most frequently mentioned issues were around Teaming, Functional Assessment, Long Term View, and the Planning Process. The comments have been extracted and appear below, organized by core indicator and the theme of the comment.

TEAMING

The common themes mentioned in the area of teaming were 1) Incomplete team or not including all of the team members 2) Team members feeling isolated or not feeling like a part of the team and 3) Team meetings being held late or not at all.

Incomplete Team

“A Child and Family Team meeting was held in April prior to the case closing. Unfortunately, [the child] did not come to the meeting because she and her mother were having an argument that day, and the school counselor and probation officer could not come. The Child and Family Team meeting consisted of the caseworker and the mother.”

“Although DCFS is making monthly contact with [the child], his proctor parent and the proctor agency, there are many pieces of the team that are left out of the teaming process.”

“The school was unaware who the caseworker was and stated that they have not been included as a team member since the start of the school year.”

“There were several attorney turnovers in this case. None of [the attorneys] seemed to have a functional knowledge of or a particular interest in the case. They were not part of the team.”

“Contact with the doctor was critical to understanding the actual circumstances of the case.” (This contact did not occur.)

“Team members who would have made a significant contribution to the planning process, as well as to the risk assessment, were not accessed.”

Team Members Feeling Isolated

“Some of the people involved in this case did not feel that they were part of the team and felt that they were isolated with their portion of working with [the child]. The school counselor reported that she was not aware that DCFS was involved in [the child’s] case until recently.”

“[The child’s] father and step-mother did not feel part of the teaming process at all and felt that if contacted they could have provided a lot of helpful information to the caseworker.”

“The kin and the foster family did not know of each other nor of the evolving permanency plans. A child and family team early on might have helped reduce the many reported

feelings of disempowerment and frustration. There does not ever seem to have been an ongoing, supportive team.”

Team Meetings Being Held Late or Not at All

“Little to no teaming has occurred for this case other than segmented meetings held for the purpose of strategizing how to pursue termination of these parents' rights to their children. The grandmother indicated the only meeting she has received an invitation to attend was the meeting to inform the family of the QCR and to gain their agreement to participate. Although the Juvenile Court ordered the agency to hold a Child and Family Team meeting in the summer of 2003, the meeting held at the Bridge program appeared to be comprised of only professionals and the grandmother reports the mother was offered no choices in participants in that meeting.”

“The first meeting labeled a family team meeting was in August, two months after the case plan was formulated. The family does not consider that the meeting affected the planning process. The caseworker felt that the grandparents had a role in the plan but this is not captured in the process.”

“The first child and family team meeting happened in October 2003, six months after [target child] went into foster care, and while there were two meetings after that through March 2004 to plan for permanency, not all of the vital players attended, nor did the final decision making take place at the meetings. It seems that most of the decisions were made by the professionals and the family was later informed of these decisions.”

FUNCTIONAL ASSESSMENT

The common themes mentioned in the area of functional assessment were 1) Not getting information from all team members, 2) Not obtaining necessary testing or evaluations, and 3) Not using the Functional Assessment as intended to identify strengths and needs and explain how the family functions.

Not Getting Information From All of the Team Members

“The probation file was very large on [the child] and there is a lot of information in the file. However, DCFS had very little information in their file. Some of the information that probation had could have been very helpful for DCFS in providing quality services to this family.”

“There was no school information used to develop educational components to the plan and identify the serious need of the focus child. How she was affected by the accident, her mother's condition and the circumstances of her birth are not part of the assessment.”

“Still, there is no information in the record to determine how the issue was resolved with the school. The current worker was not assigned the case until after school was out. He did not have information about that period.”

“Contacting other family members who lived in the home at the time of the report to determine risk, develop a complete assessment and involve them in safety planning, if necessary, may have provided a better understanding of the circumstances and possibly influenced the direction of the case.”

Lacking Necessary Testing or Evaluations

“There was some question relating to whether or not [the child] should be on psychotropic medication and if she needed another psychiatric evaluation for a questionable upcoming court hearing. Nobody seemed to know if the psychiatric evaluation is really needed and there is only speculation regarding what medication would be helpful.”

“The therapist believes that [the child] is in need of testing in order for the therapist to make some determinations around future therapy and medications. It is also a concern as to how [the child] will be able to pay for future medical needs.”

“Her mother said that she had some difficulty in school but none of the family had any idea of the child’s actual performance. The mother said that she was dyslexic. She has not been diagnosed, but the mother said that she herself was and recognized the symptoms. The worker had visited the teacher a couple of weeks before the review and had learned of the child’s present level of performance. He was unsure if the visit had occurred after the case closed.”

The Functional Assessment not serving its purpose of identifying strengths and needs and explaining how the family functions.

“The Functional Assessment serves as only a poor Social History for this family and in no way adds to our understanding of strengths and needs of the mother or father.”

“The functional assessment does not help to examine how the family actually functions. The formal assessments made no contribution. The mother’s drug/alcohol assessment, a one paragraph SASSI that recommended no treatment, was not completed until February 2004. The delay in obtaining the evaluation is a barrier to its usefulness. A self reported inventory would be only part of a comprehensive assessment. The focus on use of illegal drugs is confusing and does not produce the desired outcome. There has been no examination of how the mother’s condition has affected the children and her ability to care for them.”

“Since risk was never adequately identified, the family’s capacity was never fully understood.”

“The CPS assessment missed critical pieces in determining risk. There are serious gaps in information and needs which are overlooked so that there is not an understanding of what the risk is and what needs to happen.”

“Even after reading all the available mental health assessments and talking with all the professionals involved in her life, we still don’t have a clear picture of the causes for her emotional and behavioral problems.”

LONG-TERM VIEW

The common themes mentioned in the area of Long-Term View were 1) Team members having different goals for the child and family and 2) No plan for the child or family’s future.

Team Members Have Different Goals

“Long Term View and successful transitions are partially unacceptable due to all of the team members having different goals for [the child]. Various team members had goals for [the child] that were included in the LTV but the team members were working independently with [the child] instead of as a team.”

“Individual team members’ assessments are not synthesized by the team into a big picture of where the youth is now or what it will take to get him to the goals that the individual team members hope he will achieve.”

“There does not seem to be a common planning direction with steps or provisions that could increase the likelihood of a successful future.”

No Plans for the Child or Family’s Future

“[The child] will be 18 in May and it is unknown what she will be doing or where she will be living.”

“[The child] is ambivalent about being on his own in independent living. His therapist believes that he is sabotaging his education because he is fearful of his unplanned future. There does not appear to be any future planning for [the child]. Many say that he needs a job and should get his GED, but there are no steps in place to see that these goals happen.”

PLANNING PROCESS

The common themes mentioned in the area of Planning Process were 1) The plan is generic, 2) The plan didn't support the permanency goal or address the issue that brought the family to the attention of the Division, 3) The family had no say in planning, 4) The plan was just a "To Do" list.

The Plan is Generic

"Both the service plan and the independent living plan are generic and non-specific. Goals are vague with no steps to achieving the goal. DCFS has not specified what would need to happen in order for the goals to be achieved."

"The service plan is generic and is not designed to produce a change in the family. It appears to be a template response used to monitor substance abuse in drug cases."

The Plan Didn't Support the Permanency Goal or Address the Issue that Brought the Family to the Attention of the Division

"Although the paper goal of reunification was initially proclaimed for these children, a structured plan was never developed to help ensure the accomplishment of this goal."

"The purpose of this strategy is unclear. The planning process does not deal with the presenting issue... The plan has a rating of substantially unacceptable. It does not fit the circumstances, does not address the concerns identified in the CPS investigation, had no family participation in its development and was not based upon assessment of need."

The Family Had No Say in Planning

"Plans were made for the family who were expected to accept what was decided. The family felt that the plan was made for them based upon what the court wanted. They felt that they had no choice but to comply and follow the order of the court. Further, the family did not feel that the current worker had any influence in the planning process."

The Plan Was Just a "To Do" List

"The service plan speaks only of what the mother must do when addressing needed changes for reunification and little to no measurement of progress on Service Plan goals was apparent in this case. No modifications of the service plan goals or steps occurred when desired outcomes weren't forthcoming."

"There was no connection of the assessment to the planning process. The plan was a "to-do" list that did not contribute to a long-term view."

RECOMMENDATIONS

Recommendations on these cases were often directed to these core indicators. The plurality of recommendations addressed improving teaming, followed next by recommendations to improve the planning process. The following recommendations are typical of those found in the five stories.

“A working team that met together a couple of times to share information, get everyone on the same page and to give encouragement to [target child] and her mother would have raised several scores. This may have also affected [target child’s] current level of functioning.”

“It would have been helpful for the caseworker to have more information on this family. There were team members who had a lot of information that was not shared with DCFS.”

“Concisely define the team. Include his fifteen-year-old sister (if practical), a career counselor (it is too late to include the school) the probation officers, job coach, and those involved from Milestone Counseling. Assemble them together and have a meeting.”

“Individualize the service plan. The plan should match the needs identified with the family. Compliance with requirements of the court can be individualized. Even these should be based upon assessment of need, rather than a response to a behavior or symptom. DCFS should intervene as necessary to address change or emerging need or information that requires a modification.”

“Develop a functional assessment that provides the basis for planning. This must include an understanding of risk, conditions that contribute and capacity for managing risk. Other factors that permit the family to develop capacity, or affect family function must be considered.”

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Summary of Interviews with Community Stakeholders and Focus Groups with DCFS Staff Northern Region QCR FY2004

There were a number of focus groups and stakeholder interviews held during the week of the QCR reviews in the Northern Region. Focus groups were held with DCFS caseworkers, DCFS supervisors, regional administrators, and successful former clients of the Division. In addition, stakeholder interviews were held with a private provider of proctor homes, a shelter provider, and members of the Quality Improvement Committee.

Strengths:

- Teaming is working well and there is good support for teaming.
- Flexible funding is readily available and requests for funds are supported.
- There is good access to community services.
- Administration supports doing the right thing for the right reason.
- Partner agencies support teaming and want to be included in DCFS plans.
- DCFS uses available technology to support practice.
- Functional assessments are getting done.
- Case transfers from CPS to foster care are handled well.
- Service plans are more individualized.
- DCFS partners well with other agencies.
- DCFS staff accepts that Practice Model is the way they do business.

Barriers:

- High caseloads.
- Assistant Attorney Generals want reports well in advance of policy deadlines.
- Judges override team decisions.
- Judges order children into care although there is no abuse or neglect.
- Workers feel the legislature is “down on them.”
- Lack of agreement on how to consolidate reports and minimize paperwork.
- Turnover and high burnout rate among new workers.

Recommendations:

- Bring new workers on more quickly and give them caseloads sooner.
- Prioritize services and put them on a timeline for the parents.
- Re-establish region steering committees.
- Provide opportunities for supervisors to have input into policy making.
- Provide the region with leadership and direction on dealing with the media.
- Abolish Foster Care Citizen Review Boards.
- Treat foster parents better. Provide better training and closer oversight.
- Provide a way for successful former clients to help current clients.

Qualitative Case Review Exit Conference

May 2004

STRENGTHS:

- Strong working relationship with partners
- Less authoritarian approach
- Quick adaptations
- Broader definition of partners
- Quality foster homes
- Good support for foster parents
- Good transfer of case from CPS resulted in rapid kinship placement
- Use of timelines, attached to LTV
- Parents having greater voice in choosing caregiver
- New workers doing quality work
- Family having choices in services
- Supervisors involved in the case, hands on, helped in caseworker changes
- Creative interventions
- Easier access to flexible funds
- Attention to quick placement transitions
- Extended Family participation
- Worker keeping all partners informed and updated, continuity/consistency with the same worker, real attention to the importance of relationships
- Commitment of the office as a whole to support practice change

Strengths added by Region Staff:

- They are implementing the practice model in spite of high caseloads.
- Workers are committed and go above and beyond.
- They see consumers as partners, as evidenced by the parent focus group

PRACTICE IMPROVEMENT OPPORTUNITIES:

- F.A. and LTV: it's not just a document, but a process. We need to move beyond, look at underlying needs and getting to specific steps.
- Be sure that schools are included as partners early on.
- Pay attention to preparing for Child and Family Team meetings. Use the teaming process earlier in the case.
- Be sure the team is broad enough, including all the important partners.
- Follow the pattern of the "Critical Path Schedule" used in the construction industry. This should be our plan.
- Be sure that we look at kinship sincerely and early on.

RECOMMENDATIONS:

Attention to Teaming:

- Building – who is on the team, helping family identify team members (including school, informal supports)
- Preparation – open and regular communication
- Maintain the team process

Functional Assessment:

- Getting to underlying needs, moving from a social history to a process of analysis
- Include formal assessments
- F.A. needs to be used to develop the plan and drive service planning

Long-Term View:

- Use available tools and family/partners to develop a LTV
- Extend view beyond case closure to maintain safety and permanence

Other:

- Encourage / Empower staff to advocate for families and present alternatives to court ordered services.

Recommendations from Staff and Region:

- Prepare for team meetings. Get everyone there.
- Improve understanding of FA, and do more work in the region on how you use it.
- Use the health care team to greater advantage. They have access to funds workers may not know about.
- Team better with ongoing services. Move teaming forward. Share case responsibility with CPS.
- Get a “second set of eyes” on the cases early on.
- Find a way to utilize successful clients who have graduated to help current clients.
 - Do a family letter or video that could be shared with other families that describes problems and successes.
 - Create a family support group consisting of clients and former clients.